

PROJECT 10073 RECORD

1. DATE - TIME GROUP 9 Apr 68 10/0340Z	2. LOCATION Dayton, Ohio (3 Witnesses)
3. SOURCE Civilian	10. CONCLUSION Astro (STAR/PLANET)
4. NUMBER OF OBJECTS One	Additional information requested but has not been received as of 28 May 68.
5. LENGTH OF OBSERVATION See Case	11. BRIEF SUMMARY AND ANALYSIS Observer reported seeing a stationary white lite in the SW to the duty officer. At the time of the call the observer had been watching the light for 10 minutes. NOTE: The duty officer overheard the witnesses discussing the UFO in the background. Both witnesses thought it was a star.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Stationary	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM

FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

PROJECT 10073 RECORD

1. DATE - TIME GROUP 25 Apr 68 25/0205Z 25/0300Z	2. LOCATION Dayton, Ohio (3 Witnesses) <i>JH</i>
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS See Case	
5. LENGTH OF OBSERVATION 1. 3 Minutes 2. 2 Minutes	11. BRIEF SUMMARY AND ANALYSIS Observer called duty officer to report 2 different sightings. The observer was sent a form 117 but it was returned because there was no such address in Dayton.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE See Case	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

2 MAY 1968

SUBJECT:

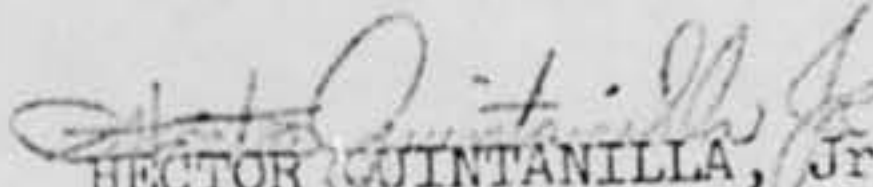
UFO Observation, 25 April 1968

TO:

Mrs. [REDACTED]

Dayton, Ohio 45406

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.


HECTOR QUINTANILLA, Jr., Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

FTD (TD- PT(UFO))
WRIGHT-PATTERSON AFB, OHIO 45433

UNITED STATES AIR FORCE
OFFICIAL BUSINESS

POSTAGE AND FEES PAID

FIRST CLASS

*missed # on Amherst
20 668*

Mrs. ~~██████████~~
~~██████████~~

Dayton, Ohio 45406

DV

Returned for
Carrier Endorsement



FR. D.V. STA.
DAYTON, OHIO 45406
REASON FOR RETURN
ENDORSED ON ENVELOPE.
DO NOT RE-MAIL IN THIS
ENVELOPE AGAIN

MAY 2 1968

FTD FORM
JUL 61 383

This form supersedes ATIC Form Nr. 383, dated Dec 60, which is obsolete.

U.F.O.

Duty Officer Rpt

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

25 April 1968
Day Month Year

2. Time of day: 10 05
Hour Minutes

and slightly after 11
(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Montgomery County Nursing Home 601 Infirmary Rd Dayton
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

3 min 2 min
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? rough estimate

5.2 Was object in sight continuously?

Yes X No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
☒ b. A few
 c. Many
 d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
 b. Dull moonlight
☒ c. No moonlight - ~~pitch dark~~
 d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
 b. Hazy
☒ c. Scattered clouds
 d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
 b. Fog, mist, or light rain
 c. Moderate or heavy rain
 d. Snow
 e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
 b. Transparent
 c. Vapor
☒ d. As a light
 e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
 b. Dimmer
 c. About the same
 d. Don't know

first on

11.1 Compare brightness to some common object:

larger than A/C lighter

12. The edges of the object were:

- (Circle One): a. Fuzzy or blurred
 b. Like a bright star
 c. Sharply outlined
☒ d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't know |
| f. Change shape? | <input checked="" type="radio"/> Yes | No | Don't know |
| g. Flash or flicker? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear? | <input checked="" type="radio"/> Yes | No | Don't know |

*slow & later
 picked up speed
 first red
 second lighter, more pink*

14. Did the object disappear while you were watching it? If so, how?

drifted out of sight

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind: _____

first - no, second - yes

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound *no sound*

b. Color *white*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

a 25¢ piece at arm's length

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

see source

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

slower than an AC

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

a few hundred yards?

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

at first

second sighting from a car

afterward

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city? *second time*

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

b. Northeast

c. East

d. Southeast

e. South

f. Southwest

g. West

h. Northwest

north or northeast

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

No

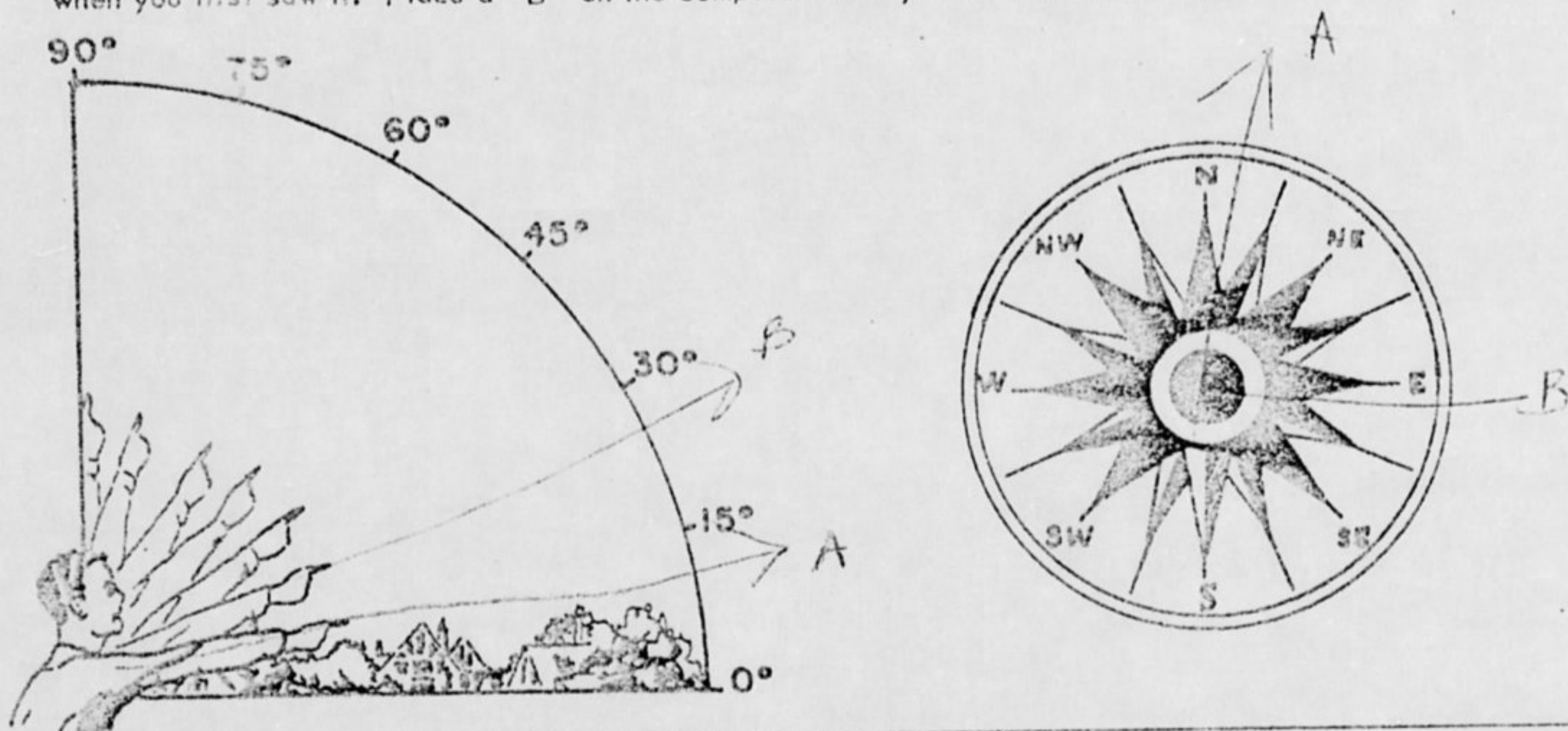
h. Other _____

nothing at the time

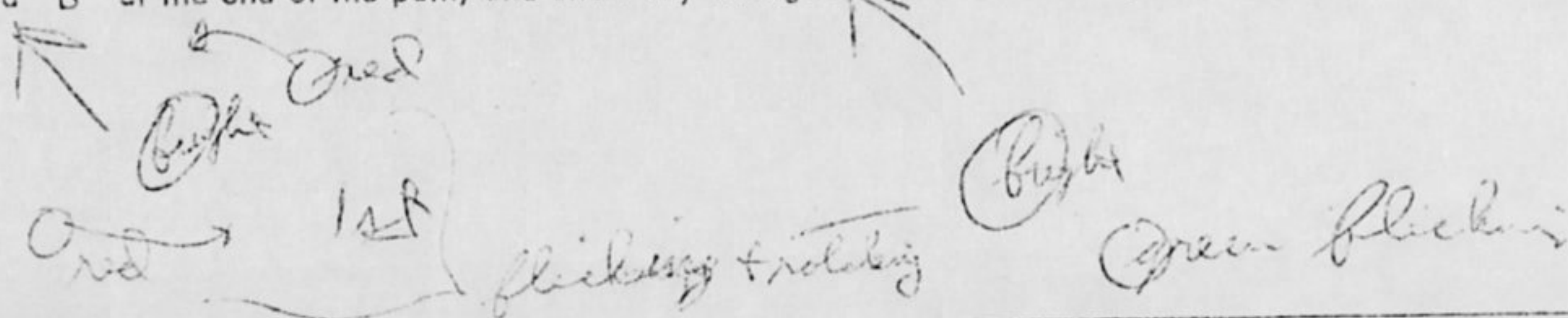
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

just lights - dim yellowish

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

2 sightings

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

first time

31. Was anyone else with you at the time you saw the object? (Circle One) ☒ Yes ☐ No

31.1 IF you answered YES, did they see the object too? (Circle One) ☒ Yes ☐ No

31.2 Please list their names and addresses:

[Redacted], Dayton
[Redacted], Dayton

32. Please give the following information about yourself:

NAME *[Redacted]* *[Redacted]* *[Redacted]*
 Last Name First Name Middle Name

ADDRESS *[Redacted]* *Dayton* *[Redacted]* *Ohio*
 Street City Zone State

TELEPHONE NUMBER *[Redacted]* AGE *[Redacted]* SEX *F*

Indicate any additional information about yourself, including any special experience, which might be pertinent.

All personnel from old county home.

33. When and to whom did you report that you had seen the object?

Day Month Year

SDO, April 25 1968

34. Date you completed this questionnaire:

25
Day

April
Month

68
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

24 APR 1968

SUBJECT: UFO Observation, 9 April 1968

TO: [REDACTED]

Dayton, Ohio 45403

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 9 April 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

RECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

24 APR 1968

SUBJECT: UFO Observation 9 April 1968

TO:

[REDACTED]
Dayton, Ohio 45432

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 9 April 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

RECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope (2 cys)

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

9 Apr 1968
Day Month Year

2. Time of day: 11 40

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other _____

(Circle One):

- a. Daylight Saving
- b. Standard

4. Where were you when you saw the object?

AIRWAY

Nearest Postal Address

DARTON

City or Town

OHIO

State or County

5. How long was object in sight? (Total Duration)

Hours

Minutes

Seconds

10 min still in sight

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously?

Yes

No _____

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

VERY

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

ind 117

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- ☒ a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- ☒ a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- ☒ d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- ☒ b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

DAMP

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

BRIGHTER THAN AN AIRPLANE LIGHT

12. The edges of the object were:

- (Circle One):
- ☒ a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

BRIGHT

e. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

☒ Yes

No

Don't know

Yes

☒ No

Don't know

Yes

☒ No

Don't know

Yes

☒ No

Don't know

☒ Yes

No

Don't know

Yes

☒ No

Don't know

Yes

No

Don't know

☒ Yes

No

Don't know

14. Did the object disappear while you were watching it? If so, how?

GETS DIM THEN
LARGER

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

CLOUD

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

17. Tell in a few words the following things about the object:

a. Sound

NO

b. Color

WHITE LIGHT

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

ALL

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



DON'T KNOW

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

☒ No

IF you answered YES, then how far away would you say it was? 1 _____

22. Where were you located when you saw the object?

(Circle One):

☒ a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

☒ b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☒ No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

No

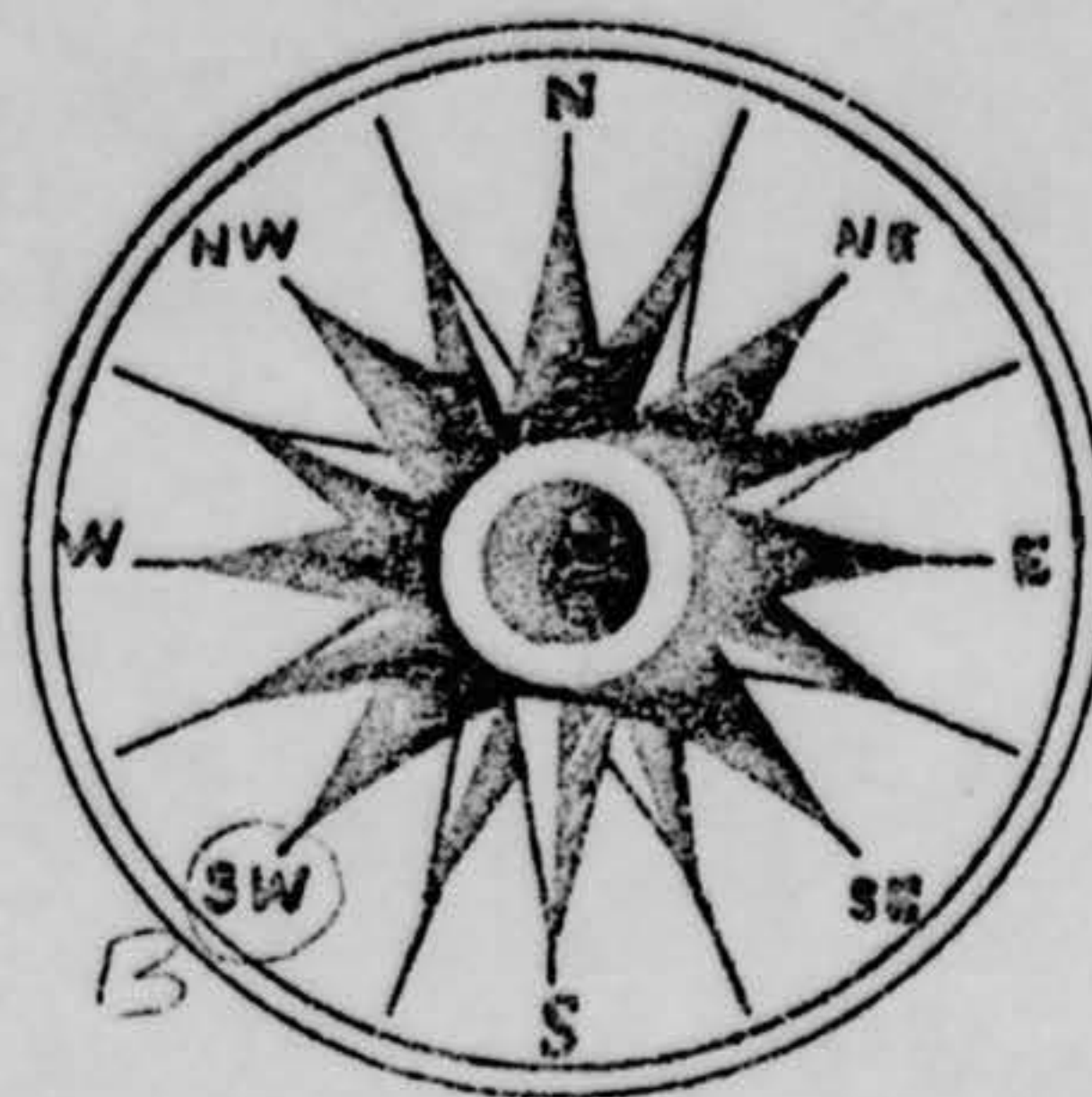
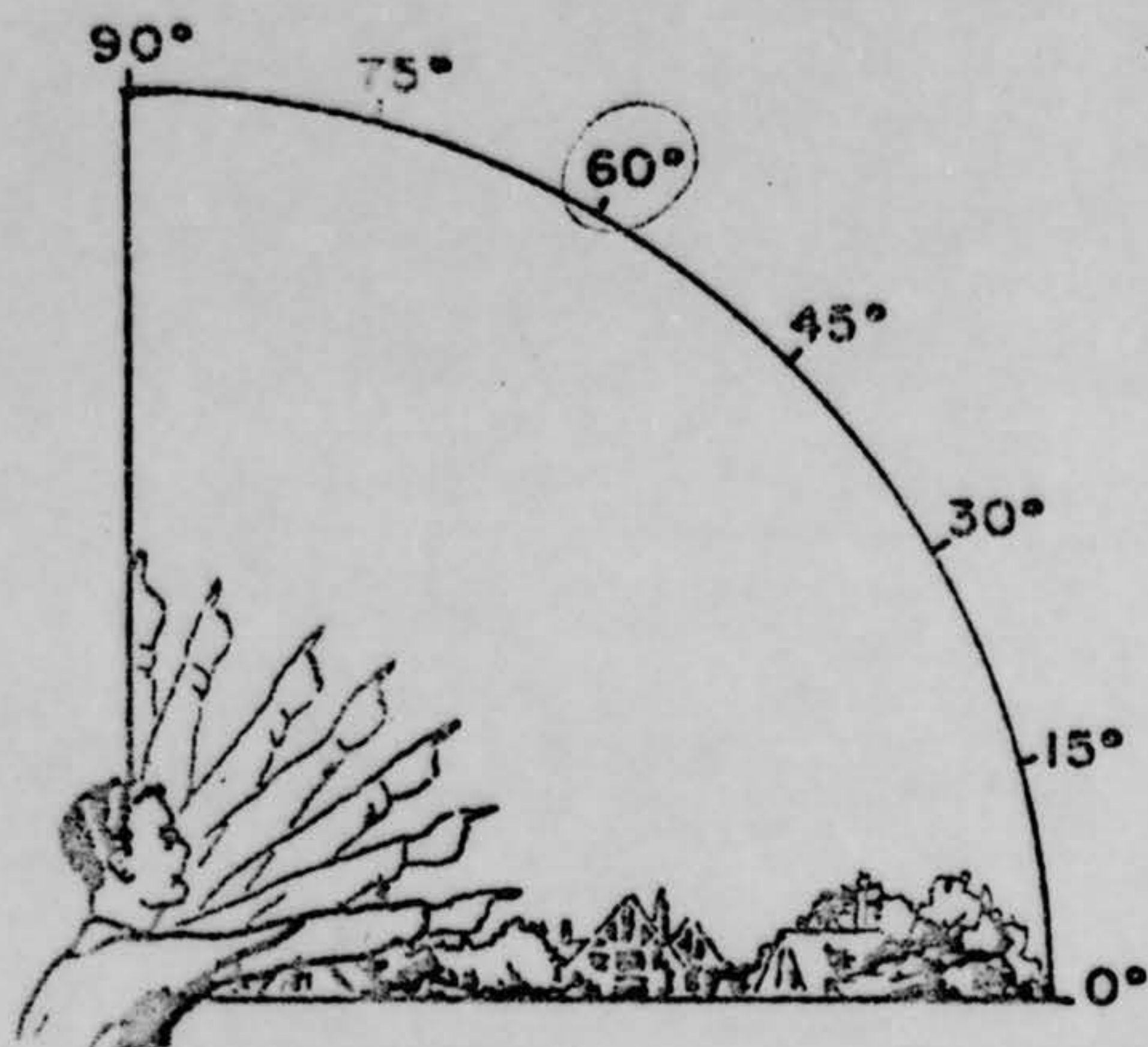
h. Other

EYES

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Childs Jack, pickup

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

7 OBJECT STATIONARY CLOSE TO
MOON.

29. IF there was MORE THAN ONE object, then how many were there? ONLY ONE OBJECT
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

9 April

Page 6

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NO

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED] [REDACTED]
DAYTON, OHIO DAYTON OHIO
45403

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

NO - SAYS SHE IS NO
CRACK POT

33. When and to whom did you report that you had seen the object?

SDO LT, MYRICK

Day

Month

Year